

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**L. V. Stabler Hospital  
c/o Any Officer or Agent  
29 L. V. Stabler Drive  
Greenville, AL 36037**

07-875 S&amp;C

2. Article Number  
(Transfer from service label)

7004 2510 0002 6128 4257

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\*Brenda Whitney

☒ Agent☐ Addressee

B. Received by (Printed Name)

Brenda Whitney

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes